	<b>CP</b>	EPA		S. ENVIRONMENTAL PROTECTION AGENCY  INSTRUCTIONS: If you received a pre- label, affix it in the space at left. If any	
		INSTALLA- TION'S EPA I.D. NO.	PAD00000	information on the label is incorrect, draw	w a line mation
	I.	NAME OF IN-		CCIALTY BEARINGS DIVISION complete and correct, leave Items I, II,	and III
		INSTALLA-	S K F IN	F. CEIC 5400 Tulip Street label, complete all items. "Installation" n	neans a
	11.	TION MAILING ADDRESS	PHILADEL	Single site where hazardous waste is gen treated, stored and/or disposed of, or a porter's principal place of business. Pleas	a trans-
			-co.co	to the INSTRUCTIONS FOR FILING N	OTIFI-
	111	LOCATION OF INSTAL-	PHILADEL	Information requested herein is required	by law
	111	LATION		(Section 3010 of the Resource Conservation Recovery Act).	on and
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	<u> </u>	FMM 4-1	0000		
	I. I	NAME OF INS	TALLATION		
	Ś	<u>'k' F</u>	Specia	alty Boarings Oivision	
	30 II.	INSTALLATION	ON MAILING A	ADDRESS	
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	111.	LOCATION	OF INSTALLAT	REET OR ROUTE NUMBER	
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	2	MANZI	PAT	SRMFGENGINEER 215-533-5800	
	_	OWNERSHIP			
₹	<u> </u>			A. NAME OF INSTALLATION'S LEGAL OWNER	
DETACH	-	SKFI	N D U S T	RIESINC	
DE	(en	B. TYPE OF other the approprie	OWNERSHIP ate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es/	
۲		= FEDERAL		A. GENERATION 4/3/ 558 B. TRANSPORTATION (complete item VII)	
	-	M = NON-FE	DERAL M	(X_c. freat/store/dispose /d. underground injection	
	VII	. MODE OF T	RANSPORTATI	TON (transporters only – enter "X" in the appropriate box(es))	
		A. AIR	B. RAIL	C. HIGHWAY D. WATER E. OTHER (specify):	
	VII	I. FIRST OR S	SUBSEQUENT N	NOTIFICATION	
				edicate whether this is your installation's first notification of hazardous waste activity or a subsequent notificator your Installation's EPA I.D. Number in the space provided below.	cation.
				C. INSTALLATION'S EPA I.D	. NO.
		A. FIRST	NOTIFICATION	a. SUBSEQUENT NOTIFICATION (complete item C)	9 0
	IX.	DESCRIPTIO	N OF HAZARD	OOUS WASTES	
Į	Plea	se oo to the reve	rse of this form an	nd provide the requested information.	

EPA Form 8700-12 (6-80)

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IX. DESCRIPTION OF HAZA	ARDOUS WASTES (co	ntinued from fro	nt)	1 4	13   14	1.5
A. HAZARDOUS WASTES FROM waste from non-specific source				CFR Part 261.31 for	each listed hazardous	
F 0 1 0  23 - 28  7  B. HAZARDOUS WASTES FROM specific industrial sources your	F 0 1 1 F  23 - 26 8  23 - 26 23  1 SPECIFIC SOURCES. E installation handles. Use a	additional sheets if	F 0 0 1  23 - 26  10  1 number from 40 CFR F	23 - 26 11 23 - 26 Part 261.32 for each lis		om
K 0 7 3  23 26  19  23 26  C. COMMERCIAL CHEMICAL PR stance your installation handles	X 0 8 2  20 25	27	23 - 26 22 23 - 26 22 25 - 26 28 26 or	23 - 26 23 - 26 29 29 - 26 29 - 26 29 - 26 29 - 26	23 - 26 24 23 - 26 30 23 - 26 30 7or each chemical sub-	ंड
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hospitals, medical and research	laboratories your installat	51	dditional sheets if necess	53 25 - 26	54	
E. CHARACTERISTICS OF NON hazardous wastes your installati	on handles. (See 40 CFR				stics of non-listed $X$ 4. TOXIC	
(D001)	(D002)		(D003)		0000)	
X. CERTIFICATION  I certify under penalty of lattached documents, and the I believe that the submitted mitting false information incomparison incomparison in the submitted mitting false information.	it based on my inquir information is true, ac	y of those indiviccurate, and com of fine and impris	duals immediately re plete. I am aware the conment.	sponsible for obtain at there are significa	ing the information	, [
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EPA Form 8700-12 (6-80) REVERSE

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IX. DE	SCRIPTION OF	HAZARDOUS WAST	<b>ES</b> (continued from fi	ront)			ı
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		AL PRODUCT HAZARI		he four-digit number	from 40 CFR Part 261.33	for each chemical sub-	
stance	your installation h	andles which may be a h	azardous waste. Use add	itional sheets if necessa	ıry.		
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		ASTES. Enter the four- earch laboratories your i				from hospitals, veterinary	
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E. CHAR	ACTERISTICS OF	NON-LISTED HAZAR	DOUS WASTES. Mark	"X" in the boxes corre	sponding to the character	istics of non-listed	
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Re	much!	hear	Manager,	Manufacturing	Engineering	8/12/80	

C. CITY OR TOWN

6 PHILADELPHI

EPA Form 3510-1 (6-80)

[fill-in areas are spaced for elite type, i.e., 12 characters finch					Form Approved OMB No. 1	58-R0	175	
, FURIN				CTION AGENCY	I. EPA I.D. NUMBER	-	-	
Co	onsolid	lated	Permits P.		F P A D 0 0 0 0 0			0 0
I. EPA I.D. NUMBER PAD 000000190					GENERAL INSTR If a preprinted läbel has b it in the designated space.	een pi Reviev	rovide w the	inform-
HI. FACILITY NAME SKF SPECIALTY H	BEAR	ING	s divi	SION	ation carefully; if any of it through it and enter the appropriate fill—in area bel	correc	t data	in the
V. MAILING ADDRESS 5400 Tulip Stre		c.			the preprinted data is abse left of the label space lis that should appear), please	its the	e info	rmation
Philadelphia, I		191	24		proper fill—in area(s) belo complete and correct, you Items I, III, V, and VI (	w. If need except	the not c t VI-E	label is omplete 8 which
VI FACILITY  VI LOCATION  5400 Tulip Streeth Philadelphia, I		191	.24		must be completed regard items if no label has been the instructions for deta tions and for the legal at	provid	ded. f item	Refer to descrip-
	-,,-	40.0			which this data is collected.	TUIOTA	ration	5 Under
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine v	شدند.	خندس	ومدين المنطقة	and the same paralle and inching	forms to the EDA. If you are		40e" +	0.204
questions, you must submit this form and the supplemen if the supplemental form is attached. If you answer "no' is excluded from permit requirements; see Section C of the	tal for ' to ea	rm li ach q	sted in the uestion, y	e parenthesis following the que ou need not submit any of the	stion. Mark "X" in the box in se forms. You may answer "no	the th	ird co our ac	lumn
. SPECIFIC QUESTIONS	725	MAR NO	FORM ATTACHED	SPECIFIC C	QUESTIONS	VES	MARI	K 'X' FORM ATTACHE
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		х		include a concentrated	(either existing or proposed) snimal feeding operation or in facility which results in a U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X 23	18	D. Is this a proposed facility	(other than those described will result in a discharge to	25	X 26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	Ĺ			municipal effluent below taining, within one qua	t at this facility industrial or the lowermost stratum con- arter mile of the well bore, trinking water? (FORM 4)	31	X	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X X	36	H. Do you or will you injectial processes such as me process, solution mining	t at this facility fluids for spe- ining of sulfur by the Frasch of minerals, in situ combus- overy of geothermal energy?	37	X	39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an		х		NOT one of the 28 indu instructions and which w per year of any air pollut Air Act and may affect of	ed stationary source which is ustrial categories listed in the will potentially emit 250 tons ant regulated under the Clean or be located in an attainment		х	
attainment area? (FORM 5) III. NAME OF FACILITY	40	41	42	area? (FORM 5)		13	A 350	
SKIPSKF SPECIALTY B	1		ING				33333	
IV. FACILITY CONTACT		23.50			PHONE (area code & no.)		(6.4.4)	apple 4
A. NAME & TITLE (last, fi	EN	1		2 1	5 5 3 3 5 8 0 0			
V. FACILITY MAILING ADDRESS				41 45	2)			e i dan penangan
35400 TULIP STREET	BOX	1			( insich)			
B. CITY OR TOWN				C.STATE D. ZIP COL	村 一 /			
4 PHILADELPHIA				P A 1 9 1 2	4			
VI. FACILITY LOCATION		7 7						
A. STREET, ROUTE NO. OR OTHER S	SPECI	FIC	DENTIFI	ER				
15 16 B. COUNTY NAME				40				
PHILADELPHIA	1 7	1						

F. COUNTY CODE

E. ZIP CODE

CONTINUED FROM THE FRONT				O STORES	Water Control	
VII. SIC CODES (4-digit, in order of priority)		فتعمم والمستعدد		B, SE	OND	Marie a marie marie la la la la la la la la la la la la la
(specify)		2 1 1 1	(specify)		.0110	
7 3 5 6 2 Ball & Roller Manufacturing		7				
C. THIRD	:		'.l	D. FO	URTH	
c (specify)		5 7 7 7	(specify)			
17 19 19		1. 1.5 - 1 - 1,	<del></del>			
VIII. OPERATOR INFORMATION	A September 1					
A. N	AME			<del>,,,</del>		B. Is the name listed in the litem VIII-A also the
	N G S	DIVIS	SION		· · · · ·	owner?
15 16	•					66
C. STATUS OF OPERATOR (Enter the appropriate letter int			", specify.)		D. PHONE (	area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)	P (sp	ecify)		A	2 1 5 5	3 3 5 8 0 0
P * PRIVATE	36		<del></del>	15	16 - 18 19	- 21 22 - 28
E. STREET OR P.O. BOX	<del></del>					
5 4 0 0 TULIP STREET			- 55			
F. CITY OR TOWN		G.STAT	E H. ZIP	CODE IX. IN	DIAN LAND	
<u> </u>	111					on Indian lands?
BPHILADELPHIA		P A	1   9   1	2 4	YES	ĭ NO
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X. EXISTING ENVIRONMENTAL PERMITS		er itez eta		en Variet	100	******
A. NPDES (Discharges to Surface Water) D. PSD (Al	ir Emissions	from Proposed	Sources)	]		
9 N N A 9 P	N A	1-1-1-1				
15 16 17 18 - 30 15 16 17 18			30	<del></del>		
B. UIC (Underground Injection of Fluids)	E. OTHER					
N A	N A	11-1	.111.	(specify)		
9 U 9 15 16 17 18 9 1 18			30	<u> </u>		
C. RCRA (Hazardous Wastes)	E. OTHER	(specify)	· · · · · · · · · · · · · · · · · · ·	e egit		9 <b>4</b> 3
9 R N A 9	N A		1 , ,	(specify)		Carried to the second
15 16 17 18 30 15 16 17 19			30			Da Mariana A. Car
XI, MAP						
Attach to this application a topographic map of the area ex	xtending to	at least one r	nile beyor	nd property b	ounderies. T	ne map must show
the outline of the facility, the location of each of its exist treatment, storage, or disposal facilities, and each well wh						
water bodies in the map area. See instructions for precise re	quirements	i.	ingiounia.		pinigs, mens	and other surface
XII. NATURE OF BUSINESS (provide a brief description)		A Victor	Charles and			and the second
XII. NATURE OF BUSHELSS Iprovide a brief description			Act of Section			
Manufacturer of Ball and Roller Beari	nae					
randiacturer of ball and Roller bearing	ugs					
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XIII. CERTIFICATION (see instructions)				and the same of th	The second second	
I certify under penalty of law that I have personally exam	ined and a	n familiar wit	h the info	rmation subr	nitted in this	application and all
attachments and that, based on my inquiry of those per	rson <mark>s i</mark> mme	ediately respo	nsible for	obtaining th	e informatio	n contained in the
application, I believe that the information is true, accurat	e and com	plete. I am at	ware that	there are sign	nificant pena	lties for submitting
false information, including the possibility of fine and impr			·		·····	
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATI	7.MC	744.44		c. 0	DATE SIGNED
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COMMENTS FOR OFFICIAL USE ONLY				10 at 10		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C	, , ,			, , , , ,		
[13]	<u> </u>	<del></del>		4-4-4-4		<u> </u>
EPA Form 3510-1 (6-80) REVERSE						

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Place	an	"X	" in	the appropriate box	in A or	B below (ma	rk o	ne bo	x only	// to	ındic	ate w	vhet	her	thi	s is the first ap	oplicat	tion	you	are	sut	omit licati	ting	for	you:	façı ur fa	lity c cility	ra 's
				ion. If this is your fir er in Item I above.	rst appi	ication and y	ou a	iready	Knov	w you	H ≀ac	iiity	\$ E	~ '	υ.	Number, of		,,,,,	, , ,	ec u	PP.		O,			<u>.</u>		
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8	73 74 75 76 77 78														141	ENCED		_	Ш	_	ļ.,				BEG			
15] B. F	REVISED APPLICATION (place an "X" below and complete Item I above															·		/4.1	1/3	76 1	. //							
	X	1. 1	FAC	ILITY HAS INTERI	M STA	TUS											2.	FA	CIL	ITY	НА	SA	RC	RA	PER	MIT	-	
III.	I. PROCESSES – CODES AND DESIGN CAPACITIES															en and a second				11100				اوميا س	و جيد بيه تم			
A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below,															ed fo	or												
A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, ther describe the process (including its design capacity) in the space provided on the form (Item iii-C).															en													
describe the process (including its design capacity) in the space provided on the form (Item iII-C).																												
B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.																												
2	1. AMOUNT — Enter the amount. 2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of																											
UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.  PRO- APPROPRIATE UNITS OF  PRO- APPROPRIATE UNITS OF																												
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II. PF	ROCESSES	(continued)

C. LPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code~"T04"). FOR EACH PROCESS ENTERED HERE INCLUDE, DESIGN CAPACITY.

47 Drums of PCB are stored in a dyked area 16'6" x 43'6", 10" High Dyke

#### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	Р	KILOGRAMS	K
TONS	T	METRIC TONS	М

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

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1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

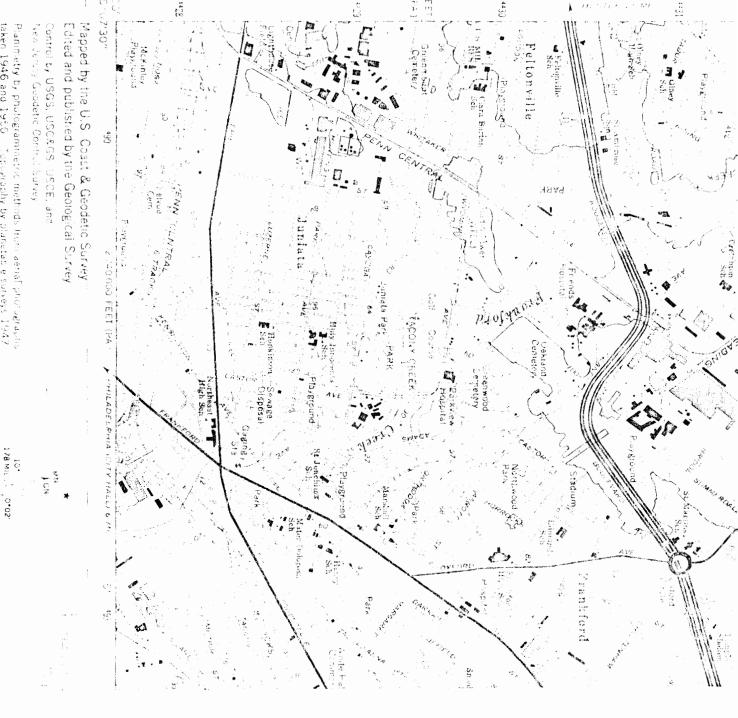
- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				P/				UN														D. PROCESSES
LINE	\V (6	A:	ST	Εħ	D. 10 le)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	3	ME URI ente ode	E				1.	PF			s C er)	ОD	ES			2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$ )
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X-:			0	0	2	400		P		Т	0	) 3	, 1	0	$\mathcal{S}$	0	T	1		1	1	
Х	3 L	)	0	0	1	100		P		T	0	3	, 1	י כ	8	0	<del></del>			1		
X		)	0	0	2						T	1		7	7			Т			-	included with above

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LINE	W A	47		D. (O) (e)		O F	MEA URE enter ode)	27 -	29		nter)			2. PROCESS DESCRIPT (if a code is not entered in	ION D(1))
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Continued from the front.								-
IV. DESCRIPTION OF HAZARDOUS WASTES (conti	inued)							
E. USE THIS SPACE TO LIST ADDITIONAL PROCE	ESS CODE	S FROM ITEM D(1)	ON PAGE 3.					
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V. FACILITY DRAWING  All existing facilities must include in the space provided on pa	ice 5 a scale	drawing of the facility (	see instructions for m	ore de	taill.			
VI. PHOTOGRAPHS								
All existing facilities must include photographs (aeriai	or ground	d—level) that clearly d	elineate all existing	stru	cture	s; existir	ng storage,	,
treatment and disposal areas; and sites of future storage	ge, treatm	ent or disposal areas (	see instructions for	more	deta	911).		
VII. FACILITY GEOGRAPHIC LOCATION  LATITUDE (degrees, minutes, & seconds)			LONGITUDE (deg	rees n	inu te	s. & seco	nds)	
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65 66 67 63 69 71			72 - 74	75 7	6 72	79	A Company	93
VIII. FACILITY OWNER				2	6.7			
A. If the facility owner is also the facility operator as list skip to Section IX below.	ted in Secti	on VIII on Form 1, "Ger	neral Information", pl	ace an	"X"	in the bo	x to the lef	t and
			to a state of the state to					
B. If the facility owner is not the facility operator as list	ed in Section	on VIII on Form 1, comp	olete the following ite	ems:	<b>,</b>			
1. NAME OF FACILIT	TY'S LEGA	AL OWNER			2.1	HONE	10. (area co	de & no.)
E SKF INDUSTRIES, INC.					2 1	5 _ 2	6 5 - 1	900
3. STREET OR P.O. BOX	<del></del>	4. CITY OR	TOWN	5.		58] [59	6. ZIP COD	£
F 1100 First Avenue	Ġ	King of Pruss	sia	P	A	1	9406	5
12 . 16		ATCHIEF AND ALONE		19 19	760	4-4	-	
IX. OWNER CERTIFICATION  I certify under penalty of law that I have personally ex			ho information sub			his and	all attache	od
documents, and that based on my inquiry of those ind	dividuals ii	mmediately responsible	le for obtaining the	infoi	mati	on, I bei	lieve that i	the
submitted information is true, accurate, and complete.	. I am awa	are that there are signi	ficant penalties for	subn	nittin	g false ii	nformatio	n,
including the possibility of fine and imprisonment.				<del></del>		E CICNE	-	
A. NAME (print or type)	B. SIGNA	F. M. Can	И	1		E SIGNE		
		bra K	Rallen	.		11-1	19-80	2
X, OPERATOR CERTIFICATION	And what he	- nethalista	The second				in the	and the
I certify under penalty of law that I have personally ex								
documents, and that based on my inquiry of those ind								
submitted information is true, accurate, and complete, including the possibility of fine and imprisonment.	. i dili awa	are unac unere are signi	mant penalties for	งนมก	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y raise ii	in ormatio	",
	B. SIGNAT	TURE		C	. DAT	E SIGNE	E D	
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Revised by the Ceological Survey from a rial photographs taken 1965 Planimetry by photogrammetric methods from aerial photographs taken 1946 and 1950 Topography by planetable surveys 1947

0°02

Selected hydrographic data compiled from USC&GS Chart 295 (1565)

	NOTIFICATI	ON OF HAZARDO	OUS WASTE ACTIV		RUCTIONS If you received a preprinted
INSTALLA				1 '	affix it in the space at left, If any of the mation on the label is incorrect, draw a line.
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NAME OF IN-	Turifforn of Contra	. : 1		comp	lete and correct, leave Items I, II, and III blank. If you did not receive a preprinted
INSTALLA	L K F IMM!	STATES IN		label,	complete all items. "Installation" means a
II. MAILING		₩ 5400 Tulip		1 -	site where hazardous waste is generated, lot, stored and/or disposed of, or a trans-
ADDRESS	i HitaliELEH	Im Fin	19124	porte	r's principal place of business. Please refer-
		5/00 m 1/		1	e INSTRUCTIONS FOR FILING NOTIFI- ON before completing this form. The
LOCATION			-	i	mation requested herein is required by law ion 3010 of the Resource Conservation and
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O PIE I LA  IV INSTALLATION  MANZI  V. OWNERSHIP  Content the appropria  F = FEDERAL  M = NON-FED  VII. MODE OF TE  A. AIR  VIII. FIRST OR S  Mark "X" in the appilit this is not your first	ON CONTACT  NAME AN  PATS  SWNERSHIP  fe letter into box)  MERAL  RANSPORTATION  198. RAIL  UBSEQUENT NO  ropriste box to indicat notification, enter	TITLE (last, first, & job R) M G G E N  A. NAME OF INSTALL  VI. TYPE OF HAZAR  A. GENERA  T. C. TREAT/S  N (transporters only -	ST  Dittle)  GINEER  ATION'S LEGAL OWNE  DOUS WASTE ACTIV  FORE/DISPOSE  enter "X" in the appro-  D. WATER  STAILLAID WATER  STAILLAID WATER  STAILLAID WATER  D. Number in the space pr	ZIP CODE A 1 9 1 2  A 1 9 1 2  A 2 A 3 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4	PHONE NO. (area code & no.)  1 5 5 3 3 5 8 0 0  1 49 51 52 55  A" in the appropriate box(es))  SPORTATION (complete item VII)  REGROUND INJECTION  (1/2)
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PIE I LA  IV INSTALLATION  MAN Z I  NONERSHIP  Conter the appropria  F = FEDERAL  M = NON-FED  VII. MODE OF TE  A. AIR  VIII. FIRST OR S  Mark "X" in the apprif this is not your first  IX. DESCRIPTION	ON CONTACT  NAME AN  PAT S  WWNERSHIP box)  REPAL M  RANSPORTATION  UBSEQUENT NO ropriate box to indicate notification, enter	A. NAME OF INSTALL  VI. TYPE OF HAZAR  A. GENERA  C. TREAT/S  N (transporters only -  C. HIGHWAY  TIFICATION  atte whether this is your in your Installation's EPA II	ST  D title)  G T N E E N  ATION'S LEGAL OWNE  DOUS WASTE ACTIV  FION  FORE/DISPOSE  enter "X" in the appro  D. WATER  Stallation's first notification  Number in the space pro  IT NOTIFICATION (comp	ZIP CODE  A 1 9 1 2  A 2 45 46  R  ITY (enter ')  B. TRANS  PRINTER (apecanovided below.  Olete item C)	PHONE NO. (area code & no.)  1 5 5 3 2 5 8 0 0  - 44 49 - 51 52 - 65  X'' in the appropriate box(es))  SPORTATION (complete item VII)  REGROUND INJECTION  Ify).  If waste activity or a subsequent notification.

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IX. DESCRIPTION OF HA	ZARDOUS WASTE	S (continued from	(ront)		· · · · · · · · · · · · · · · · · · ·	
A. HAZARDOUS WASTES FROW waste from non-specific sou	OM NON-SPECIFIC S	SOURCES. Enter the	four-digit number from	n 40 CFR Part 261.31 fo	r each listed hazardous	]
F 0 1 0  23 - 26  7  7  B. HAZARDOUS WASTES FRO				5 11 11 23 - 26 11 23 - 25 FR Part 261.32 for each I	12 12 12 13 1 26 15 15 15 15 15 15 15 15 15 15 15 15 15	7000000
specific industrial sources you	<del></del>				<del></del>	1
13 K 0 7 3  23 - 26  19  25 - 26  25 - 26  25 - 26  27 - 26  28 - 26  31 P 0 9 2  33 - 26  37 U 0 0 2			34 P 0 0 1 23 - 26 40	P 0 1 3	36 U 0 0 9	
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E. CHARACTERISTICS OF NO hazardous wastes your install				53 23 - 26 sponding to the characte	54 23 25 eristics of nonlisted	, ————————————————————————————————————
∭I. IGNITABLE (D001)	_	. CORROSIVE	3. REAC (D003)		X4. TOXIC (D000)	
X. CERTIFICATION  I certify under penalty of attached documents, and if believe that the submitted mitting false information, it	hat based on my ir d information is tri	nquiry of those ind ue, accurate, and co ility of fine and imp	ividuals immediately omplete. I am aware prisonment.	responsible for obta that there are signifi	ining the information,	
SIGNATURE		NAME & OFF	ICIAL TITLE (type or)	print/	DATE SIGNED	

Hazardous Waste Quantity Notification
Hazardous Waste Quantity Notification  Business Name  SKF AEROSPACE DIVISION  Business Address  5400 Lulip St  Ouitantin 04 19124
Business Address 5400 tuly 2t
PHILADELPHIA PA 19124
EPA ID Number
Hazardous Waste Generated
0 - 100 kg/month //
100 - 1000 kg/month //
1000 kg/month or more /
Superview Safety + Security

Signature and Title

\* name recently charged

from SKF Specialty Blavings Div



Official Business Penalty for Private Use \$300 FIRST-CLASS MAIL POSTAGE & FEES PAID EPA PERMIT NO. G-35

United States Environmental Protection Agency

Washington DC 20480

JOHN A ARMSTEAD VA/WV SECTION (3HW31) US EPA REGIONIII 841 CHESTNUT ST. PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

## HAZARDOUS WASTE FACILITY CERTIFICATE of LIABILITY INSURANCE

Travelers Indemnity Company Travelers Indemnity Company of America The Phoenix Insurance Company	Travelers Indemnity Company of Rhode Island Travelers Indemnity Company of Illinois Charter Oak Fire Insurance Company
	ver Square rd, Connecticut 06115
hereby certifies that it has issued liabil property damage to	ity insurance covering bodily injury and
NameS	K F INDUSTRIES INC
Mailing Address P	0 BOX 239 1100 FIRST AVE
<u></u>	ING OF PRUSSIA PA 19406
in connection with the insured's obligation under 40 CFR 264.147 or 265.147. The coverage	
E.P.A. I.D. NUMBER NAME	ADDRESS
1. SEE EXTENSION SHEET CP-2853	
•	
for:	
sudden accidental occurrences non-sudden accidental occurrences sudden and non-sudden accidental	
The limits of liability are \$	each occurrence
\$ <u>4,000</u>	annual aggregate
exclusive of legal defense costs. The cov	erage is provided under
Policy Number TL	EH-186T813-7-85
Issued on <u>O2-</u>	<u>-01–85                                    </u>
The effective date of said policy is	·12 <b>-</b> 85
REPLACING CERTIFICATE ISSUED 02-01-85 TO	AMEND EFFECTIVE DATE OF THE POLICY.
PHIL-166 OL-09-85 (CONT	INUED ON REVERSE)

The Insurer further certifies the following with respect to the insurance described on Page 1:

h . m .

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice any only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.

John R. Kenney

John R. Kenney (DP)

Secretary, Authorized Representative of the Travelers Insurance Companies

One Tower Square, Hartford, Connecticut 06115

# Hazardous Waste Facility Certificate Liability of Insurance (Extension Sheet)

EPA I.D. Number	Name of Facility	Location
1. PAD 000000190	SKF SPECIALTY BEARING DIVISION	5400 TULIP ST PHILADELPHIA PA 19126
2. PAD 000000182	NICE BEARING PRODUCES DIV	MAIN ST KULPSVILLE PA 19443
3. РАТ 4400111815	INTERNATIONAL PRODUCTS DIV	LEHIGH VALLEY IND PARK 2 ALLENTOWN PA 18103
ц. PAD 042147652	SKF ROLLER BEARING DIV	RD 3 FAME AVE EXT HANOVER PA 17331
5. PAD 003026606	SKF INDUSTRIES	W KING ST SHIPPENSBURG PA 17257
6. PAD 0004344172	SKF BALL BEARING DIV	1100 LOGAN BLVD ALTOONA PA 16602
7. 241 000620823	SKF INDUSTRIES	1100 FIRST AVE KING OF PRUSSIA PA 19406

# HAZARDOUS WASTE FACILITY CERTIFICATE of LIABILITY INSURANCE

Travelers Indemnity Company Travelers Indemnity Company of Amer The Phoenix Insurance Company	ica Travelers Indemnity Company of Rhode Island Travelers Indemnity Company of Illinois Charter Oak Fire Insurance Company
	Tower Square tford, Connecticut 06115
hereby certifies that it has issued li property damage to	ability insurance covering bodily injury and
Name	S K F INDUSTRIES INC
Mailing Address	P 0 BOX 239 1100 FIRST AVE
	KING OF PRUSSIA PA 19406
in connection with the insured's oblig under 40 CFR 264.147 or 265.147. The	ation to demonstrate financial responsibility coverage applies at
E.P.A. I.D. NUMBER NAM	<u>ADDRESS</u>
1. SEE EXTENSION SHEET CP-2853	RECEIVED
for:  sudden accidental occurrences non-sudden accidental occurre sudden and non-sudden acciden The limits of liability are \$	nces AIR, TOYKS
\$ _ <b>8,</b> 0	annual aggregate
exclusive of legal defense costs. The	coverage is provided under
Policy Number	TL-EH-186T813-7-83
Issued on	01–26–83
The effective date of said policy is	01-12-83
	82 to amend Address of Insured, Coverage and 91 1100 First Ave King of Prussia PA 19406
DUTT 466	CONTINUED ON REVERSE)

CP - 2852

03-07-83

The Insurer further certifies the following with respect to the insurance described on Page 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice any only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.

John R. Kenney

ohn R. Kenney, Secretary

Secretary, Authorized Representative of the Travelers Insurance Companies

One Tower Square, Hartford, Connecticut 06115

# Hazardous Waste Facility Certificate Liability of Insurance (Extension Sheet)

EPA I.D. Number	Name of Facility	Location
1. PAD 000000190	SKF SPECIALTY BEARING DIVISION	5400 TULIP ST PHILADELPHIA PA 19126
2. PAD 000000182	NICE BEARING PRODUCTS DIV	MAIN ST KULPSVILLE PA 19443
3. РАТ 4400111815	INTERNATIONAL PRODUCTS DIV	LEHIGH VALLEY IND PARK 2 ALLENTOWN PA 18103
4. PAD 042147652	SKF ROLLER BEARING DIV	RD 3 FAME AVE EXT HANOVER PA 17331
5. PAD 003026606	SKF INDUSTRIES	W KING ST SHIPPENSBURG PA 17257
6. РАД 0004344172	SKF BALL BEARING DIV	1100 LOGAN BLVD ALTOONA PA 16602
7. PAT 000620823	SKF INDUSTRIES	1100 FIRST AVE KING OF PRUSSIA PA 19406

### **RCRIS UNIVERSE MAINTENANCE FORM**

EPA	A ID	* D	0 0	0 0	0 1	96	
Facility Na	me_SK	FA	crospa	ce Dri	^		
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	. 1		. 1				
Generator	$\mathcal{N}$		$-\lambda$	/_			
Transporter	·						
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Burner		<del></del>			<del></del>		
HWF Marke				Market		HWF Buner	
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$\sim$	IR Inspection rep	ort		Affidavit from the fa	cility		
	Revised Notificat	ion from the state		Affidavit from the st	tate		
	Revised Notificat	ion from the facility		Biennial report			
	EPA clean closus	re certificate		Documentation not	required		
	State documents	tion certifying clea	n closure				
	Other				Date to Data I	Entry	1. 1. 1/2
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ÉR-WM-312: Rev. 1193

### COMMONWEALTH OF PENNSYLVANIA + DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

## INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

				7 Telephone # 215 6	<u> </u>	<u> </u>
Site	e Na	me .	5	CF Herospice DiJ. Operator Name		
Add	dres	s <u>6</u>	540	o Zulip St. Address		
		9	hil	a., Pa. 19140		
Λu	nicip			Phila. County Phila.		
				icial Title		
er	son l	nter	viev	ved Title		
nsp	ecto	or _	5,	nolar, Chis Time 11:30		
	Due /3/	Date	•	Inspection Date Inspection Type Facility Type Ins	pector ID #	Violation OO
	ot, li		e nu	vastes transported off-site by this generator? Yes X No mber(s) and expiration dates of transporter(s): Not a General No Violation Observed 2-Not-Applicable 3-Not-Determined 4-N	on-Compliance	
1	2	ı	4	REQUIREMENT	CHAPTER	LINE NUMBERS
	X			Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly	261.5(a)	H491
	X			Amount of waste accumulated is within small quantity generator limits	261.5(d)	H492
	X			Hazardous waste determination (262.11)	261.5(g)(1)	H493
	X			Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	d 262.11(d)	H494
	X			Storage within time limit specified (261.5(d))	261.5(g)(2)	H495
	1 🗸 🗸				201.3(9/(2)	
_				Manifest system used for off-site transport	262.20(a)	H496
1.	5 In	dica	а.	elow the method of handling of the waste:  Treatment or disposal at permitted on-site facility.	262.20(a)	Disposa
51.	5 In	dica	а.	Treatment or disposal at permitted on-site facility.  Permit Number	262.20(a)	Disposa
i1.	5 In	dica	a. b.	Permit Number	262.20(a)  Treatment	Disposa

ER-WM-129; Rev. 12/93

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

#### INSPECTION REPORT COMMENTS

Date of inspection 61 29 97 Identification Number C	<u>09100060</u>
Company/Facility/Site Name SKF Herospace Division	Δ
Company/Facility/Site Name SKF Herospace Division  The spection of the site at 5400 Tulip  Showed that the site was No longed by SKF Aerospace Division. Upon Acc  Site it was discovered by it is Gram  This site was word occupied by Ocea  Company.  SKF Herespace Division to longer Exist at	St Phila., Pa. 19140 roccupied riving at this and myself that a Desents
This inspection report is notice of the findings of an inspection conducted by a representative notification of any violations observed during the inspection. Additional notification of violations may be nerein or other violations identified as a result of review of laboratory analyses or Department records. This report does not constitute an order or other appealable action of the Department. Nothing comply immunity from legal action for any violation noted herein.  Signature by the person interviewed does not necessarily imply concurrence with the findings on tiperson was shown the report or that a copy was left with the person.	e ssued concerning either vibiations noted contained herein shall be deemed to grant or
Person interviewed (signature)	Date
Inspector (signature) Christiples Antile	Date
<b>/</b>	Page $\supset$ of $\supset$





### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

1875 New Hope Street Norristown, PA 19401 215 270-1948

February 22, 1988

Mr. John North SKF Industries 5400 Tulip Street Philadelphia, PA 19124

Re: Manifest Review

Manifest Document No. PAB00901622 EPA Identification No. PAD000000190

#### NOTICE OF VIOLATION

Dear Mr. North:

This letter is to confirm the findings of the Department's review of the above manifest. Requirements for hazardous waste facilities are contained in Chapters 75.260 through 75.267 of the Rules and Regulations of the Department. Violations of applicable sections of these regulations found during our review are as follows:

75.262(e)(1, 7v) - The generator did not place the name and EPA ID number of the hazardous waste transporter on the manifest.

You are hereby notified of both the existence of these violations as well as the need to provide for their prompt correction. Toward this end, you are requested to submit to the Department within fourteen (14) days a report explaining the reasons for the violations and a proposed program to prevent their reoccurrence. Please indicate with your report documentation that the discrepancies have been resolved.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This letter shall also not be construed as a final action of the Department of Environmental Resources.

Mr. John North February 22, 1988 - 2 -

If you have any questions concerning this matter, please feel free to contact me at 270-1948.

Very truly yours,

ROBERT ZANG Waste Management Specialist

cc: Mr. Danyliw
Mr. Pagano
US EPA/RCRA Enforcement
Division of Compliance & Monitoring
EPA
Re 30 (CLC)53

# EAZARDOUS WASTE INSPECTION RESIDENT Transporters - Part A

Page of Ju	motion 1/12/88 Time start 1000 Time finish 104
Name of Lac	Robert Sang
Coursely Se	Nappi Trucking Corp.
Location	exection ferformed at G. F.O. W.S., Inc. Carllette
County	
	Tumber: \$43 NT D000813477
	faible official
	and the state of t
The shall be a second	1.0. Box 510, Metawan, NJ - 07747
	phone no. 201-566-3000
	interviewed Vincent Oliver
TIÇE	Driver,
Nex Time	(if different from above)
AVAT STATE	phone no.
	deus waste transporter (HWT) license number PA-AHO 278
	See date 8/31/89
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A LANGUE DE LA CONTRACTOR DE LA CONTRACT	Sending: Z7 mixing
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<b>公务公司的经验</b>	Fransporter generate hazardous wastes? [] Yes [] Wo
4	Masardous waste produced by Hazardous Waste Number: A/d -
5,   <b>Les le</b>	prious wastes transported into the Commonwealth from abroad? (7 Yes (1)
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£#1	Part C - Comments	
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(C)	property any violations indicated horoin and listing any ac	Hitlerial William Co.
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#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

#### REGION III

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### 6th AND WALNUT STREETS PHILADELPHIA, PENNSYLVANIA 19106

April 8, 1981 Certified Mail Return Receipt Requested

Mr. Pat Manzi, Sr. SKF Specialty Bearings Division 5400 Tulip Street Philadelphia, PA 19124

Re: Nonregulated Facility

Facility Name: 5400 Tulip Street

Facility Location: Philadelphia, PA 19124

Dear Mr. Manzi:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act for the facility referenced above. The application does not demonstrate that the facility is one which is required to have a Federal permit under Section 3005 of the Act. Accordingly, the Agency is returning the application.

If you have any questions, please contact Joan Henry on 215/597-8751 or Bill Walsh on 215/597-1230.

Sincerely yours,

Shirley D. Bulkin Chief, RCPA Administrative Support Section Permit Enforcement Branch Enforcement Division

Enclosure

# SKF TECHNOLOGY SERVICES SKF INDUSTRIES, INC.

March 24, 1981

U. S. Environmental Protection Agency 6th and Walnut Streets Philadelphia, PA 19106

Attention: Ms. Shirley D. Bulkin

Dear Ms. Bulkin:

In regard to the hazardous waste permit spplication submitted by SKF Specialty Bearing Division located in Philadelphia, please find enclosed the properly signed page 4 of the subject application.

If you have any further questions or comments regarding this application, please advice me.

Sincerely,

Raymond C. Schroll

mg



#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

#### REGION III

### 6TH AND WALNUT STREETS PHILADELPHIA PENNSYLVANIA 19106

EPA I.D. # PAD00000190

December 18, 1980

SKF Specialty Bearings Div. Mr. Pat Manzi 5400 Tulip Street Phila. Pa. 19124

Re: Acknowledgment of Application for a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility cwners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

## SKF SPECIALTY BEARINGS DIVISION SKF INDUSTRIES, INC.

November 21, 1980

M.S. Environmental Protection Agency Region III P. O. Box 1480 Philadelphia, PA 19107

RE: Our letter of November 19, 1980

Gentlemen:

Attached is the original copy of our Application under the Consolidation Permits Program. We have included properly signed copies of Forms OMB No. 158-R0175 and OMB No. 158-S8004 in addition to a geographic map showing our plant location, a plant layout, and a photograph of the storage area.

Please replace the copies of this submittal forwarded two days ago; this should complete our filing. We appreciate your cooperation.

Very truly yours,

SKF INDUSTRIES, INC. SPECIALTY BEARINGS DIVISION

Kenneth R. Lehr

Manager,

Manufacturing Engineering

KRL: jmk

Attachments

SKF SPECIALTY BEARINGS DIVISION Storage only SKF INDUSTRIES, INC.

November 19, 1980

M.S. Environmental Protection Agency Region III P. O. Box 1480 Philadelphia, PA 19107

#### Gentlemen:

Attached is a copy of our application under the Consolidated Plants Program. The original copy will be forwarded on November 21, 1980 to your office.

Unfortunately, the original copy is not available for mailing today as it was left in the briefcase of an employee who is out-of-town.

We hope that this oversight will not affect our filing status.

Very truly yours,

SKF INDUSTRIES, INC. SPECIALTY BEARINGS DIVISION

Kenneth R. Lehr

Manager,

Manufacturing Engineering

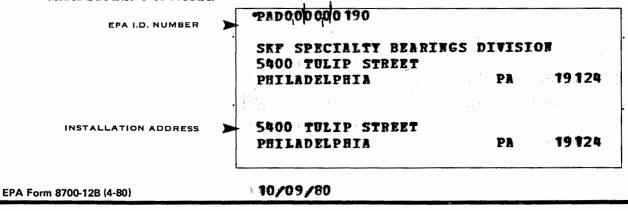
KRL: imk

Attachments



#### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



### SKF SPECIALTY BEARINGS DIVISION SKF INDUSTRIES, INC. .

5400 TULIP ST., PHILADELPHIA, PA 19124





EPA Region III P. O. Box 1480 Philadelphia, PA 19107

SKF INDUSTRIES, INC.

P.O. BOX 239, 1100 FIRST AVE., KING OF PRUSSIA, PA 19406



Return Receipt Requested



Certified Mail-Return Receipt

U. S. Environmental Protection Agency 6th and Walnut Streets Philadelphia, PA 19106

Attention: Ms. Shirley D. Bulkin

**SEPA** 

# ENVIRONMENTAL I HAZARDOUS WASTE DAT FACILITY INVENTOR

